

RECEIVED
CENTRAL FAX CENTER

APR 01 2004

MEREDITH AND KEYHANI, PLLC:

OFFICIAL

FACSIMILE TRANSMITTAL SHEET

TO:	USPTO	FROM:	Jennifer Meredith
COMPANY:	Meredith & Keyhani, PLLC	DATE:	04/01/04
FAX NUMBER:	(703) 872-9306	TOTAL NO. OF PAGES INCLUDING COVER:	2
PHONE NUMBER:		SENDER'S REFERENCE NUMBER:	
RE:	Change of Correspondence Address Form (Patent Application)	YOUR REFERENCE NUMBER:	09/636,448 AEIPT01

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

NOTICE: If the reader of this message is not the intended recipient, please be advised that it contains confidential and privileged non-disclosable information, and any dissemination, distribution or copying of this communication is prohibited. If you have received this communication in error, please notify us immediately by telephone collect to the sender shown above. We also would appreciate you sending the original message to us at the below address via U.S. Mail. Thank you for your cooperation. You are also advised that material contained within this transmission may be an offer for settlement, and non-disclosable/ non-discoverable.

To Whom It May Concern:

Please find attached the Change of Correspondence Address Change for Patent Application 09/636,448 and Attorney Docket Number AEIPT01.

Best Regards,


Jennifer Meredith

Enc.

RECEIVED
CENTRAL FAX CENTER

APR 01 2004

PTO/SB/122 (09-93)

Approved for use through 11/30/2005. OMS 0651-0035
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

**CHANGE OF
CORRESPONDENCE ADDRESS
Application**Address to:
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450.

Application Number	09/636, 448
Filing Date	08/11/2000
First Named Inventor	Zapiec
Art Unit	
Examiner Name	
Attorney Docket Number	AEIPT01

Please change the Correspondence Address for the above-identified patent application to:

☐ Customer Number :

OR

<input checked="" type="checkbox"/> Firm or Individual Name	Meredith & Keyhani, PLLC				
Address	315 Park Avenue South				
Address	19th Floor				
City	New York	State	NY	Zip	10010
Country	USA				
Telephone	(212) 505-2840		Fax	(212) 505-4001	

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- ☐ Applicant/Inventor
- ☐ Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ Attorney or Agent of record. Registration Number 47790
- ☐ Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number _____

Typed or Printed Name Jennifer Meredith

Signature 

Date 03/31/04

Telephone (212) 505-2840

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ Total of _____ forms are submitted.

This collection of information is required by 37 CFR 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.